

ENTRON SECURITY SERVICES

Daily Security Report

Client No. Client	Name		-														•
202/		1. m	ateria	1/5				Location	<i>,,</i>		_1		1	Date	100	10-	
Facility Dutex Clock Weapon No. N/A	7	Hoister V//	NightsHek		aiscoat	Flashlight	7	Other	4 050	sego Sego	ST. U.	a K	e, <u>Ny</u> Rook	. 0	129,	01	
Officers: Fully explain all Items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer-Day Shift (Name) Shift Relig					Officer Swing Shift (Name) Latruck w. Matheur Shift				Offic	Leg Book Officer-Grave Shift (Name) THOMAS E. KOEHLER Shift						
	Began	1	800m	Ended	/6 OOM-PM	Began		4 ANOPO			i i						
Observations or actions taken	Yes	No		Explanation	/000	Yes	No	7 ANCIDO	Enged Explanation		M-PM Began Yes		1:59 No	AM-PM)	Ended Explanat		O AMP
Rounds or stations missed		V		-			1/					٦,					
Unlocked doors, gates or windows		V					,/		·			+					
Unlocked vaults or safes		~				†	1/								****		
Fire-smoke-or hazards		v	7 200			†	,/					1: 4		· · · · · ·		· ·	
Extinguishers missing or defective		~				† · · · ·									······································		
2. Sprinkler system defective		V							-·			 					· ·
3. Fire doors or exits blocked		سن				1	./					١,				····	
4. Rubbish accumulation		V													 _		
5. Motors running		~	· · · · · · · · · · · · · · · · · · ·					•				1					
6. Lights left burning							./	1:22		2000		١,					
Injury hazards							1/	<u> Zigni-</u>	on-a	XXX			1/				
Visitors & PA+ OHM	he	0	<u></u>	ريعرر		1						+.	<u>v</u>				
Trespassing		/		<u>uu</u>		<u> </u>		/				+-					
Violation of company rules	1		······································			 									·	<u> </u>	
Remarks/206- John Wh	1	أيزا	00.	100	Zudlon	1	1				<u></u>	<u> </u>	<u>V </u>				
John un	uc-	7 Res	llon a	2/8	ualou	o on	<i>N</i>)			 -					·		
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IMPORTANT: If you were ill or injured pla	ease exp	lain on t	ne reverse side o	f this form	and call your su	pervisor i	before lea	ving this pos	l.						-	····	
1. Were you injured during this tour?			Day Shift Yes No	1. Yes	2. Vo Yes	No	3. Swing S		res No	2 Yes	No 3	Grave SI Yes	hift (No	Yes	No	Yes	No 3
2. Did you suffer any illness?		-	Yes (107)		to Yes	No	Yes		/es No	Yes		Yes	No	Yes	No	Yes	No
3. Have you reported affaccidents coming to	your atte		es No		vo Yes	No	Yes		res No	Yes		Yes)	No.	Yes	No	Yes	No
Minka of Mallille	not.	ignatures	Day Shift		to D.	7,	Swing S	h.th. / 7	kw.T		fana	Grave S	Home		Ked	// 	
1-00 A	11	Signatures	2	(-	2	w w	- nu. 1	e and	_ [2.	<i></i>	 		~··	
										439424							
<u> </u>	`	Signatures	-												11 6/866 (4/16 (i iii a jaja (180)	411 i (A)